

AUG 19 2005

FEE TRANSMITTAL

For FY 2005

Effective on 12/08/04
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Application Number	09/632,521
Filing Date	August 4, 2000
First Named Inventor	Papefstathiou
Examiner Name	Herng-der Day
Art Unit	2128
Attorney Docket No.	150937.02
Express Mail Label No.	EV 671529591 US

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **840.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 33 - 32 or HP = 1 **Extra Claims** 1 **Fee (\$)** 50 **Fee Paid (\$)** 50
HP = highest number of total claims paid for, if greater than 20
Indep. Claims 4 - 4 or HP = 0 **Extra Claims** 0 **Fee (\$)** 200 **Fee Paid (\$)** 0
HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) 0 **Fee Paid (\$)** 0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = 0 **Extra Sheets** / 50 = 0 **Number of each additional 50 or fraction thereof** x 250 **Fee (\$)** = 0 **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) 0
Other: **Request for Continued Examination (RCE) Fee** \$790.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 48,958	Telephone (425) 722-6035
Name (Print/Type)	Carole A. Boelitz	Date August 19, 2005	

IN THE UNITED STATE PATENT AND TRADEMARK OFFICE

Inventorship : Papaefstathiou)
 Applicant : Microsoft Corporation)
 Serial No. : 09/632,521)
 Filed : August 4, 2000)
 For : A PERFORMANCE)
 TECHNOLOGY)
 INFRASTRUCTURE FOR)
 MODELING THE PERFORMANCE)
 OF COMPUTER SERVICES)
 Customer No : 22971)

Examiner:
Herng-der Day

 Art Unit:
2128

EXPRESS MAIL CERTIFICATION UNDER 37 C.F.R. § 1.10Express Mail Mailing Label No.: EV 671529591 US


I hereby certify that the attached:

- Request for Continued Examination (RCE) Transmittal (in duplicate)
- Fee Transmittal (in duplicate)
- General POA (Form SB/80)
- Statement Under 37 CFR 3.73(b)
- Amendment/Reply, After Final (25 pages)
- Express Mail Certificate
- Return Receipt Postcard

are being deposited with the United States Postal Service (USPS) as correspondence to be delivered by the "Express Mail Post Office to Addressee" service of the USPS on the date indicated below with sufficient postage in an envelope bearing the above-noted Express Mail mailing label number and addressed to:

Mail Stop **RCE**
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

August 19, 2005
 Date


 Signature

Rimma N. Oks
 Printed Name